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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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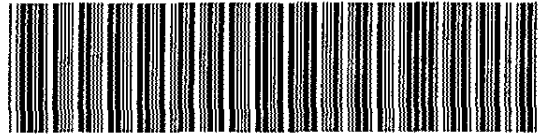
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FILED  
2003 SEP -5 PM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09-11-03



**LAW OFFICES OF  
J. KELLY KENNEDY**

198 1<sup>st</sup> St S  
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**J. KELLY KENNEDY**

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**AREAS OF PRACTICE:**

Wills, Estates, Estate Planning,  
Real Property Law, Taxation,  
Corporate, Business and Mortgage Law

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**REPLY TO:**

PO Box 7604, Winter Haven, FL 33883-7604  
Tel: (863) 294-1114 Fax: (863) 294-8937

September 3, 2003

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314-6327

RE: SINCLAIR SURGICAL, INC.

Dear Ladies:

Enclosed herewith for filing are Articles of Incorporation for the above-captioned corporation. A copy of the Articles of Incorporation is also enclosed to be certified and returned to the undersigned.

Our firm's check in the amount of \$78.75 is enclosed to cover the following costs:

Filing Fee	\$ 35.00
Certified Copy	8.75
Registered Agent Form	<u>35.00</u>
<b>Total</b>	<b>\$ 78.75</b>

Thank you for your cooperation in this matter.

Sincerely yours,

J. KELLY KENNEDY, ESQUIRE

JKK/rh

Enclosures

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**ARTICLES OF INCORPORATION  
OF  
SINCLAIR SURGICAL, P.A.**

FILED  
2003 SEP -5 PM 10: 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation, competent to contract, to practice the profession of Medical Services, hereby forms a professional corporation for profit under the laws of the State of Florida.

**ARTICLE I - NAME**

The name of the corporation is **SINCLAIR SURGICAL, P.A.** The mailing address is: 306 South 10th Street, Haines City, Florida 33844.

**ARTICLE II - PURPOSE**

The corporation is organized for the purpose of transacting any or all lawful medical services. The sole and exclusive professional service to be rendered by the corporation is for medical services.

**ARTICLE III - CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to issue is 7,500 shares of common stock having a par value of \$1.00 per share.

**ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this corporation is 306 South 10th Street, Haines City, Florida 33844, and the name of the initial registered agent of this corporation at that address is **KARLENE E. SINCLAIR.**

**ARTICLE V - INITIAL BOARD OF DIRECTORS**

There shall be a Board of Directors for this corporation which shall consist of one Director initially. The number of Directors may be either increased or diminished from time to time by the Bylaws, but shall never be less than one. The names and addresses of the members of the initial Board of Directors are:

**KARLENE E. SINCLAIR  
306 South 10th Street  
Haines City, Florida 33844**

**ARTICLE VI - SUBSCRIBER**

The name and address of the Subscriber to these Articles of Incorporation is **KARLENE E. SINCLAIR**, 306 South 10th Street, Haines City, Florida 33844.

The original Subscriber of this corporation may sell, exchange, assign, or transfer all of the stock subscribed for in these Articles of Incorporation, and deliver these Articles of Incorporation, together with the good will and corporate franchises of this corporation to the transferees or assignees; and in such event, the office and term for each Director designated in this certificate to be held or exercised as originally named shall thereupon expire and a new election shall be called and held by the transferees for the election of new directors to hold office until their successors are elected and qualify thereafter in due course from time to time.

**IN WITNESS WHEREOF**, the subscriber has hereunto set his hand and seal and acknowledged and filed the foregoing Articles of Incorporation under the laws of the State of Florida, this 29<sup>th</sup> day of August, 2003.

  
**KARLENE E. SINCLAIR**

**STATE OF GEORGIA**  
**COUNTY OF DEKALB**

The foregoing instrument was acknowledged before me this 31<sup>st</sup> day of August, 2003, by **KARLENE E. SINCLAIR**, who is personally known to me, who is personally known to me, or has produced for 20 years as identification.

(AFFIX NOTARY SEAL)

Carta Francis  
Notary Public, DeKalb County, Georgia  
My Commission Expires September 14, 2003

Carta Francis  
Notary Public  
Printed Name: CARTA FRANCIS

**CERTIFICATE DESIGNATING PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT UPON  
WHOM PROCESS MAY BE SERVED**

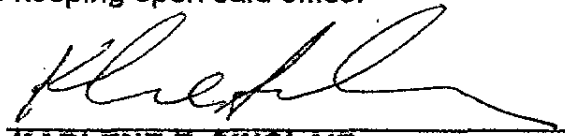
In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said act:

First: That **SINCLAIR SURGICAL, P.A.** desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at City of Haines City, County of Polk, State of Florida, has named **KARLENE E. SINCLAIR**, located at 306 South 10th Street, Haines City, Florida 33844, City of Haines City, County of Polk, State of Florida, as its agent to accept service of process within this state.

**ACKNOWLEDGMENT**

(Must be signed by designated agent)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

  
**KARLENE E. SINCLAIR**  
**Registered Agent**

**FILED**  
**2008 SEP -5 PM 10:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**